1	PATEN			DETERN tober 1, 20	IINATION RE 001	CORD	09	19	733	1.PV
				D - PART mn 1)	(Column 2)	SMALI TYPE	ENTITY	1 Oi	OTHE	R THAI
	TOTAL CLAIM	IS	- -			RATI	E FEE	7		LENTIT
	FOR		ИПМВ	ER FILED	NUMBER EXTRA				RATE BASIC FE	
	TOTAL CHARG	EABLE CLAIMS	;	minus 20=	*	X\$ 9				
	INDEPENDENT	CLAIMS	minus 3 =		*	7.		OF		
	MULTIPLE DEPI	ENDENT CLAIM				X42=		_OF	X84=	
L	t If the different	se in column 1	is less th			+140=	= '	OF	+280=	
					"0" in column 2	TOTA		OF	TOTAL	
_	60 PC Marie Care Care Care Care Care Care Care Car	CLAIMS AS (Column 1)		(Colum	n 2) (Column	3) SMAL	L ENTITY	OR		R THAN ENTITY
A THENOMENT A	A PAGE	REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER PRESENT JSLY EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI TIONA FEE
CNU	Total	1.50	Minus	** //	4 =	X\$ 9=		OR	X\$18=	
AM	Independent FIRST PRES	ENTATION OF N	Minus	*** / C	2 =	X42=		OR	X84=	1
_			OCTIFICE DI	EPENDENT (LAIM []	+140=		1	+280=	
			-			TOTA		OR	TOTAL	
		(Column 1)		(Columr	1 2) (Column :	ADDIT. FEE	<u> </u>	OR	ADDIT. FEE	
മ		CLAIMS REMAINING		HIGHES	er		ADDI-	1 1	·	ADDI-
LENDWEN		AFTER AMENDMENT		PREVIOU PAID FO	SLY EXTRA	RATE	TIONAL FEE		RATE	TIONAL FEE
25	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
Z Z		*	Minus	***	=	X42=	1	OR	X84=	
	THOTPICSE	NTATION OF M	JUITPLE DE	PENDENT C	LAIM []				
						+140= TOTAL		OR	+280= TOTAL	
		10-1				ADDIT. FEE		OR ,	DDIT. FEE	
		(Column 1) CLAIMS	To and the	(Column HIGHES		<u> </u>		_		
		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOI	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
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۷	FIRST PRESEN	HATION OF MU	ILTIPLE DEF	PENDENT CL	AIM 🔲			OR	704-	
t	f the entry in column	n 1 is less than the	e entry in colu	mn 2. write "0"	in column 3	+140=		OR	+280=	
•	f the "Highest Num If the "Highest Num The "Highest Numb	uer Previousiv Par	れ トヘペ けい エレバ	C CDACE 14 14-	- Ib 00 1 600	TOTAL ADDIT. FEE		OR 🛴	TOTAL ODIT. FEE	

2agr

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09823285

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												
(Column 1) (Column							TYPE [\exists	OR	SMALL		
TOTAL CLAIMS			119				RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS			// 9 minus 20=		. 49		X\$ 9=	291	OR	X\$18=	1-01	
<u> — </u>	EPENDENT CL			minus 3 =		5	X40=	240	OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=	70		+270=		
* If the difference in column 1 is less than zero, enter "0"						column 2	TOTAL	n DZ	OR	TOTAL		
CLAIMS AS AMENDED - PART II TOTAL CHART										THAN		
(Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE ,	BEST
	Total	• 104	Minus	** (1	વ	=	X\$ 9=		OR	X\$18=		
	Independent	· 12	Minus	***	9	=	X40=	126-	OR	X80=		AVAILABLE
<u> </u>	rina i Priese	NTATION OF M	OLIPLE DEI	ENDEN	CLAIM		+135=	2	OD	+270=	/	7
TOTAL											/	BL
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS	MS H		HEST		F	ADDI-			ADDI-	ဗြ
		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL	COPY
	Total	• 104	Minus	** 11	4	= /	X\$ 9=	/	OR	X\$18=	/	
ME	Independent	• 12	Minus	***	9	= /	X40=	• /	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					7		/	OH		/	
						1	+135=	1.	OR	+270=		
TOTAL OR TOTAL ADDIT. FEE												
		(Column 1) CLAIMS				(Column 3)		l				
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	. 104	Minus	11.	1	=	X\$ 9=		OR	X\$18=	1	
AME	Independent	. 12	Minus	***	1	=	X40=	/		X80=	/	
Ĺ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	CLAIN	7		-/-	OR		/	
)* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ADDIT. FEE												
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/00)

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